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PTO/SB/21 (09-04)

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Total Number of Pages in This Submission

3

Application Number	09/710,156
Filing Date	November 9, 2000
First Named Inventor	Craig S. Skinner
Art Unit	2681
Examiner Name	Afshar, Kamran
Attorney Docket Number	3539.PALM.PSI

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Berry & Associates P.C.		
Signature			
Printed name	Reena Kuyper		
Date	November 24, 2004	Reg. No.	33,830

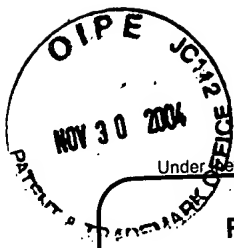
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PTO/SB/82 (09-04)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/710,156
Filing Date	November 9, 2000
First Named Inventor	Craig S. Skinner
Art Unit	2681
Examiner Name	Afshar, Kamran
Attorney Docket Number	3539.PALM.PSI

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

50-3102

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

John Shinn - Associate General Counsel, Palm Source Inc.

Date

October 8, 2004

Telephone

(408) 400-1569

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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